

**ALCOHOL ASSESSMENT IN MINORITY WOMEN**  
**Retrospective Medical Record Abstraction**

**Section A. General Information**

1. Client's Date of Birth:  -  -   
mm dd yyyy
2. Any notation of alcohol assessment on the intake form? 1 ☐ Yes 2 ☐ No → SKIP TO Q.5
- 3a. Is frequency of alcohol use noted? 1 ☐ Yes 2 ☐ No 3b. IF YES: How often? \_\_\_\_\_
- 4a. Is quantity of alcohol noted? 1 ☐ Yes 2 ☐ No 4b. IF YES: How much? \_\_\_\_\_
5. Is the woman in the prenatal sample? 1 ☐ Yes 2 ☐ No → SKIP TO SECTION C

**Section B. Visit Information for Pregnant Women**

- 1a. Date of INDEX prenatal care visit:  -  -   
mm dd yyyy
- 1b. Any notation of alcohol assessment or counseling during the index visit? 1 ☐ Yes 2 ☐ No
- 1c. Name of health care provider for index visit: \_\_\_\_\_
- 2a. Date of FIRST prenatal care visit:  -  -   
mm dd yyyy
- 2b. Any notation of alcohol assessment or counseling during the 1<sup>st</sup> prenatal care visit? 1 ☐ Yes 2 ☐ No
- 3a. Notation of alcohol assessment or counseling during any other prenatal care visits?  
1 ☐ Yes 2 ☐ No → SKIP TO SECTION C
- 3b. Record up to 2 dates on which alcohol assessment or counseling notation was made:  
 -  -   -  -   
mm dd yyyy mm dd yyyy

**SKIP TO SECTION D**

**Section C. Visit Information for Non -Pregnant Women**

- 1a. Date of INDEX well care visit:  -  -   
mm dd yyyy
- 1b. Any notation of alcohol assessment or counseling during index well care visit? 1 ☐ Yes 2 ☐ No
- 1c. Name of health care provider for index well care visit: \_\_\_\_\_
- 2a. Date of FIRST previous well care visit:  -  -  -7 ☐ No previous visits  
mm dd yyyy → SKIP TO SECTION D
- 2b. Any notation of alcohol assessment or counseling during 1<sup>st</sup> previous well care visit? 1 ☐ Yes 2 ☐ No
- 3a. Date of SECOND previous well care visit:  -  -  -7 ☐ No previous visit  
mm dd yyyy → SKIP TO SECTION D
- 3b. Any notation of alcohol assessment or counseling during 2<sup>nd</sup> previous well care visit? 1 ☐ Yes 2 ☐ No

**Section D. Completion of Form**

1. Abstractor's ID:
2. Date form completed:  -  -   
mm dd yyyy